



07-14-04

RCE # 61

PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/967,186
		Filing Date	September 28, 2001
		First Named Inventor	Jeffrey T. Ellis
		Group Art Unit	3736
		Examiner Name	Jonathan M. Foreman
Total Number of Pages in This Submission	21	Attorney Docket Number	50623.55

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response to Office Action (14 pages, including Attachment A)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment Transmittal Letter (in duplicate)	<input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (in duplicate)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Statement of Common Ownership	<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input checked="" type="checkbox"/> Petition for Extension of Time (2 months) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 339 063 000 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) ___	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Paul J. Meyer, Jr., Reg. No. 47,791
Signature	
Date	July 12, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 12, 2004

Typed or printed name	Rebecca M Klits		
Signature		Date	July 12, 2004

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FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$(1,452.00)**

Complete if Known

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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																				
<p>1. The Commissioner is hereby authorized to:</p> <p><input checked="" type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>105/\$130</td> <td>205/\$65</td> <td>Surcharge - late filing fee or oath</td> <td><input type="checkbox"/></td> </tr> <tr> <td>127/\$50</td> <td>227/\$25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>147/\$2,520</td> <td>147/\$2,520</td> <td>For filing a request for reexamination</td> <td><input type="checkbox"/></td> </tr> <tr> <td>115/\$110</td> <td>215/\$55</td> <td>Extension for response within first month[†]</td> <td><input type="checkbox"/></td> </tr> <tr> <td>116/\$400</td> <td>216/\$200</td> <td>Extension for response within second month[†]</td> <td>420 <input type="checkbox"/></td> </tr> <tr> <td>117/\$920</td> <td>217/\$460</td> <td>Extension for response within third month[†]</td> <td><input type="checkbox"/></td> </tr> <tr> <td>118/\$1,440</td> <td>218/\$720</td> <td>Extension for response within fourth month[†]</td> <td><input type="checkbox"/></td> </tr> <tr> <td>128/\$1,960</td> <td>228/\$980</td> <td>Extension for response within fifth month[†]</td> <td><input type="checkbox"/></td> </tr> <tr> <td>119/\$320</td> <td>219/\$160</td> <td>Notice of Appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>141/\$1,280</td> <td>241/\$640</td> <td>Petition to revive unintentionally abandoned Application</td> <td><input type="checkbox"/></td> </tr> <tr> <td>142/\$1,280</td> <td>242/\$640</td> <td>Utility Issue Fee (Or Reissue)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>143/\$460</td> <td>243/\$230</td> <td>Design Issue Fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>122/\$130</td> <td>122/\$130</td> <td>Petitions to the Commissioner</td> <td><input type="checkbox"/></td> </tr> <tr> <td>123/\$50</td> <td>123/\$50</td> <td>Petitions related to provisional applications</td> <td><input type="checkbox"/></td> </tr> <tr> <td>126/\$180</td> <td>126/\$180</td> <td>Submission of Information Disclosure Statement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>581/\$40</td> <td>581/\$40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>146/\$740</td> <td>246/\$370</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>179/\$740</td> <td>279/\$370</td> <td>Request for Continued Examination (RCE)</td> <td>770 <input type="checkbox"/></td> </tr> <tr> <td colspan="4">Other fee (specify):</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Other fee (specify):</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="3">SUBTOTAL (3) (\$ 1,190)</td> </tr> <tr> <td colspan="2"> <p>2. 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SUBMITTED BY

Typed or Printed Name

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Complete (if applicable)

Reg. Number **47,791**

Signature

Date

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